WHOLESALE DISTRIBUTOR REGISTRATION

CITY OF ATLANTA
DEPARTMENT OF FINANCE - BUSINESS TAX DIVISION
55 TRINITY AVENUE, S.W. SUITE 1350
ATLANTA, GA 30303
PHONE 404-335-1970 or 404-330-6270
FAX 404-658-7465

(PLEASE TYPE OR PRINT LEGIBLY)

PRINCIPAL OFFICE LOCATION

COMPANY NAME				
STREET	BUILDING			SUITE
CITY	STATE			ZIP
TELEPHONE NUMBER	FACSIMILE NUMBER			E-MAIL ADDRESS
		MAILING ADD	<u>RESS</u>	
STREET	BUILDING			SUITE
CITY	STATE			ZIP
	<u>ow</u>	NERSHIP INFOR	RMATION	
PLEASE SELECT BUSINESS TYPE	PE:			
SOLE OWNERSHIP PARTNERSI	HIP	CORPORATION	N GA	OTHER
NAME OF OWNER				SOCIAL SECURITY #
RESIDENTIAL ADDRESS	CITY	STATE	ZIP	TELEPHONE #
OFFICE OR PARTNER				SOCIAL SECURITY #
RESIDENTIAL ADDRESS	CITY	STATE	ZIP	TELEPHONE #
FEDERAL TAX ID NUMBER				
DATE COMMENCED BUSINESS	IN ATLAN	TA:		
SIGNATURE		DATE		
FOR OFFICE USE ONLY: ACCT #		DATE	PROC.	ВҮ